

Testimony of
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My name is Michael Harbut. I am a Doctor of Medicine and a teacher at the Wayne State University School of Medicine in Detroit, Michigan. I'm also a Past Chair of the Occupational and Environmental Health Section of the American College of Chest Physicians and am a Board Member (as was Congressman Bruce Vento) of the Mesothelioma Applied Research Foundation.

Each year I have approximately 3200 Acontacts® with patients who are ill as a result of their occupational or environmental exposures. Hundreds of these patients have asbestos-related diseases or cancers. Most of them die before they were meant to. My remarks, therefore today, are not only from the perspective of a physician who knows that much of the sickness and death that he daily confronts was preventable, in honesty, I'm also angry at the industry and its friends in high places who have allowed this carnage to occur.

I want to speak briefly about what asbestos fibers are and what they do when inhaled. Now, it is quite commonly known that asbestos fibers cause scarring of the lung and lung cancer. What is less commonly known is that persons with significant asbestos exposure have an increased overall death rate from all cancers. Asbestos fibers are microscopic airborne needles, which penetrate the delicate tissue of the lung and have been identified in every organ of the body.

Anywhere from a handful of years to decades later, persons with asbestos related disease develop a thickening on the covering of their lungs, their smaller airways become narrowed, and then the membrane over which oxygen passes to the bloodstream becomes thickened, increasing the work of breathing. They become short of breath at climbing a few stairs, they can't walk from the shopping center lot to the store without stopping and before too long, and any exertion can cause a profound shortness of breath. Many patients ascribe the symptoms to Ajust growing old.® If they do seek medical attention, a diagnosis of asbestosis is rarely rendered. There are several reasons for this.

Firstly, even for trained physicians, it can be a tough diagnosis to make. Notwithstanding the mass tort litigation where an asbestosis diagnosis may be less than reliable, a real asbestosis diagnosis made by a real doctor just doesn't happen that often. One of the reasons is that sometimes there are problems in identifying the asbestos fibers, one of the reasons why we are here today.

Even if a patient has all the clinical signs and symptoms of asbestosis, there is sometimes inadequate data to confirm the presence of what the Government has decided constitutes an asbestos fiber. These are sometimes called asbestiform fibers and in some cases, the inhaled dust may contain a percentage of asbestos below what was previously believed to be harmful or may be regulated as a Aparticle not otherwise classified.®

To illustrate this, please see the x-rays I've brought. The first demonstrates a normal lung, the second a patient with early, but definite asbestosis. You'll see that the third is quite similar to the second, demonstrating what appears to be early, definite asbestosis, but when we ashed this patient's left lung after it was transplanted, we found no asbestos fibers, but we did find a number of Acousins® of asbestos. This x-ray also shows what the inhaled dusts have done to the surviving lung over a period of 10 years. The fifth film shows also what appears to be an early, but definite asbestosis in a miner from Michigan's Upper Peninsula. He wasn't given this diagnosis by the courts, however, because his exposures fell below MSHA's notice. The next film shows an advanced asbestosis in a Steelworker and the last film demonstrates asbestosis in an

Autoworker who made brake shoes.

Diagnoses are also not made for insurance reasons. Once a patient receives a diagnosis of asbestosis, it's a fair bet the doctor and hospital will have a very hard time getting paid for care; the patient can be thrust into a compensation system that rarely rules in his/her favor; and the patient's ability to acquire health or life insurance is severely impaired.

So not only have these patients been assaulted by the fibers, they are assaulted by the law. They are also assaulted by funding policies for research. As an example, for every 6 breast cancer deaths, the National Cancer Institute is funding a study. There is one study funded for every 80 mesothelioma deaths. Mesothelioma is the relentless cancer of the covering of the lungs and intestines caused by asbestos which is usually found at autopsy, but when discovered before death, confers an average life expectancy of 6 months. A death from a fiber inhaled 40 years earlier.

In my remaining moments before you I'd like to make a few suggestions which I think would help alleviate illness, suffering and preventable death in our generations and those of our children.

Firstly, the Government should convene a panel of scientists and clinicians who know a lot about asbestos, its cousins and the disease they cause. One requirement of membership of physicians would be that they have treated at least 100 persons with asbestos-related disease over the previous 5 years. The panel would study all diseases which present clinically as does the 2001 brand of asbestosis, identify the precise fibers causing them, and recommend their appropriate regulation.

The panel would also look at the health, compensation and insurance issues growing out of asbestos and asbestiform exposures and make appropriate recommendations.

Finally, the Government should immediately encourage the refocus of at least some of its resources on the prevention, early diagnosis and someday, cure of asbestosis and mesothelioma. Prevention actually is an easy one. Just ban the use of asbestos in the United States, as have nations all over the world.

For decades, the society, the Courts and much of the Government have regarded asbestosis as a legal inconvenience. My patients and I ask you to understand that to them and their families, asbestosis means disease and death.